SUMTER COUNTY BOARD OF COMMISSIONERS EXECUTIVE SUMMARY

| SUBJECT: | Budget Amendment A-45 (FY 09/10) for EMS County Grant (Staff Recommends Approval). | | | | | | |
|--|--|---|--|--|--|--|--|
| REQUESTED ACTION: Approve Budget Amendment A-45 | | | | | | | |
| | ☐ Work Session (Report Only)☑ Regular Meeting | DATE OF MEETING: 1/26/2010 Special Meeting | | | | | |
| CONTRACT: | ⊠ N/A | Vendor/Entity: | | | | | |
| | Effective Date: | Termination Date: | | | | | |
| | Managing Division / Dept: | Budget & Purchasing | | | | | |
| BUDGET IMPACT: \$3,352.00 | | | | | | | |
| Annual | FUNDING SOURCE: EMS Grant / Department of Health | | | | | | |
| Capital | EXPENDITURE ACCOUNT: 193-193-526-6400 and 6450 Machine & | | | | | | |
| □ N/A | | | | | | | |
| HISTORY/FAC | CTS/ISSUES: | | | | | | |
| The purpose of this budget amendment is to move unspent awarded funds from FY 08/09 into the budget for FY 09/10 so The Sumter County Fire Department and The Villages Fire Department can complete their purchases under this grant for their respective agencies. Sumter County Fire has a balance of \$2,748.55 and The Villages Fire has a balance of \$594.50. Please see attached approval from Mr. Alan Van Lewen with the Florida Department of Health. | | | | | | | |
| | | | | | | | |

BOARD OF SUMTER COUNTY COMMISSIONERS BUDGET AMENDMENT

FISCAL YEAR: 2009/2010 AMENDMENT #: 45

| | ACCOUNT | | ACCOUNT | BEGINNING | REVE | NUE | EXPEN | DITURE | EN | DING |
|------------------|-------------|------------------------|------------------|-----------|----------|----------|----------|----------|----|-------|
| FUND NAME | TYPE | ACCOUNT TITLE | NUMBER | BUDGET | INCREASE | DECREASE | INCREASE | DECREASE | BU | DGET |
| EMS County Grant | Revenue | EMS County Grant | 193-334200 | \$ - | \$ 3,352 | | | | \$ | 3,352 |
| EMS County Grant | Expenditure | Mach & Eqpt => \$1,000 | 193-193-526-6400 | \$ - | | | \$ 1,666 | | \$ | 1,666 |
| EMS County Grant | Expenditure | Mach & Eqpt < \$1,000 | 193-193-526-6450 | | | | \$ 1,666 | | \$ | 1,666 |
| | | | | | | | | | \$ | - |
| | | | | | | | | | \$ | - |
| | | | | | | | | | \$ | - |
| | | | | | | | | | \$ | - |
| | | | | | | | | | \$ | - |
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| | | | | | | | | | \$ | - |
| | | | | | | | | | \$ | - |
| | | | | | | | | | \$ | - |
| | | | | | | | | | \$ | - |
| <u> </u> | | | | _ | | | | | \$ | - |
| | | | | | | | | | \$ | - |
| | | | | | | | | | \$ | - |

Total Budget Change \$ 3,352 \$ - \$ 3,332 \$
Total Budget Change \$ 3,352

EXPLANATION: This budget amendment is to move unspent funds from FY 08/09 into the budget for FY 09/10.

Department of Health EMS GRANT PROGRAM CHANGE REQUEST

| Name of Grantee: | Board of Sumter County Commissio | ners Grant ID Code: | C8060 |
|--|--|---|--|
| BUDGET LINE ITI | EM | CHANGE FROM | CHANGE TO |
| 193-193-526-6450 | Machine & Equipment < \$1,000 | | |
| 193-193-526-6400 | Machine & Equipment > \$1,000 | | |
| | | | |
| | | | |
| | TOTAL \$3,351.39 | \$ 0.00 | \$ 3,351.39 |
| | Rollover unspent 08/09 grant funds king airways - 18 items total at \$34. model - 1 item totaling \$562.00, lung cardiac arrhythmia generator - 1 iter Ultra - 1 item totaling \$475.00, LA R and an Oxygen Duffel - 1 item totaling | 19 each for a grand total of \$615.4 g & heart sounds generator - 1 iten n totaling \$555.00, Thomas Advar lescue ALS Attach Pack Pro - 1 ite | 2, infant airway intubation n totaling \$865.00, aced Life Support Pack |
| Describerage manages programmed any opinioners or programme or observed on the superior opinion opinion of the superior observed on the superior o | populari dan garan beranggan dapata pertamban kemban kemanakan perakan pengan bahan pengan berangan berangan kemanakan kemanakan kemban berangan be | contributes in placed biological characters proportion of contributes in a contract some state to a contribute of contributes and contributes | nternita pratos de molton por la mese escolo de proposo de mojó de del despetado de mesendo acordo acordo aquado |
| | I was | 1 | 12-29-2009 |
| Signature of Author | rized Official | e quante. Has salk y disas framada kan baya manana di unin kata dan manana manana di unin kan di unin kan di unin manana di unin kan da kan baya hara kan da | Date |
| Approved Yes | For department of the No Ch | use only. ange No: | |
| A Can | Van Lewen | Jan | 1.6,2010 |
| Department 5 Auti | norized Representative | Date | j |